

PTO/SB/17 (07-06)

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Effective on 12/08/2	2004	Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL		Application Number	09/743,577-Conf. #005756			
		Filing Date	March 12, 2001			
		First Named Inventor	Herbert SCHLACHTER			
For FY 2006		Examiner Name	S. S. Gollamudi			
X Applicant claims small entity statu	us. See 37 CFR 1.27	Art Unit	1616			
TOTAL AMOUNT OF PAYMENT	(\$) 1,475.00	Attorney Docket No.	0147-0220P			

TOTAL AMOUNT OF PAY	MENT	(\$) 1,475.0	00	Attorney Docket	No.	0147-0220P		
METHOD OF PAYMENT (check all that apply)								
X Check								
For the above-ident					ed to: (ch	eck all that apply)	1	
Charge fee(s)	indicated t	elow		Charg	e fee(s) ii	ndicated below, e	xcept for th	e filing fee
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH	-							
	FILI	NG FEES	SEA	ARCH FEES	EXAM	INATION FEES	1	
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fees P	aid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES								Small Entity
Fee Description		_					<u>Fee (\$)</u>	Fee (\$)
Each claim over 20 (include							50	25
Each independent claim over Multiple dependent claims	er 3 (includ	iing Keissues)					200 360	100 180
• •	01-1	E (A)	F F	anial (#)		Multiple Depend		100
<u>Total Claims</u> <u>Extra</u>	Claims x	Fee (\$)	ree r	Paid (\$)	-		Fee Paid (\$)	,
HP = highest number of total clai		greater than 20.			-	CC (4)	1001414	L
	Claims	Fee (\$)	Fee F	Paid (\$)				_
2 -3=	т х							
HP = highest number of indepen	dent claims pa	aid for, if greater tha	ın 3.					_
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction there								
<u>Total Sheets</u> 100 =	tra Sheets	Number /		ditional 50 or frac			Fee P	Paid (\$)
4. OTHER FEE(S)				:		- <u></u>	Fees	Paid (\$)
Non-English Specification	on, \$130 f							
Other (e.g., late filing surcharge): 2801Request for continued examination (RCE) (see 37) 395.00 2255 Extension for response within fifth month. 1,080.00								
SUBMITTED BY		2						
Signature	~ w'	#32,8	છા	Registration No. (Attorney/Agent)	36,623	Telephone	(703) 205	-8043
Name (Print/Type) Mark I N	الميا					Date [December 1	29 2006



MS AF REPLY UNDER 37 C.F.R. § 1.116 EXPEDITED PROCEDURE EXAMINING GROUP

AMENDMENT TRANSMITTAL LETTER						Docket No. 0147-0220P		
Application		Filing		Examiner			Art Unit	
09/743,577-Coi		March 12	2, 2001	S. S. (S. Gollamudi 16			
Applicant(s): Her	bert SCHLACH	HTER						
Invention: Skin ar	nd tissue care a	and/or treatme	nt agent					
MS AF Commissioner for P.O. Box 1450 Alexandria, VA 22: Transmitted here	313-1450	ndment in the	ahovo identif	ind application	nn.			
The fee has beer				• •	JI 1.			
		CLAIM	S AS AMEN	DED				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate				
Total Claims	37	- 61 =	0	x 2	5.00		0.00	
Independent Claims	2	- 3 =	0	x 10	0.00		0.00	
Multiple Depend	lent Claims (ch	eck if applicabl	le)					
Other fee (please specify): Extension for response within fifth month						1,080.00		
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:							1,080.00	
Large Entity				x Smal	I Entity			
No additiona	il fee is require	d for this amer	ndment.					
	ge Deposit Acc			n the amoun	t of\$_		•	
X A check in the	ne amount of \$	1,080.00	is enclo	sed.				
Payment by	credit card. Fo	orm PTO-2038	is attached.					
	is hereby auth I below. A dup				ount No	o. <u>02</u>	-2448	
x Credit a	ny overpaymer	nt.						
Charge a	any additional fili		n processing	fees required	under 3	7 CFR 1.1	16 and 1.17.	
Mark J Nuell Attomey Reg. N	lo.: 36,623	132,8e1		Dated	d: <u>D</u>	ecember	29, 2006	
BIRCH, STEWA 8110 Gatehous Suite 100 East P.O. Box 747 Falls Church, V	ART, KOLASCI e Road		_P					
(703) 205-8043	<u>-</u>							